



Dual Enrollment Funding Waiver Agreement

I acknowledge that my student, _____ (Student Name), who attends _____ (High School Name), will be enrolled in Dual Enrollment courses, and I understand there is a limit on the number of credit hours eligible for Dual Enrollment funding under Georgia Law (HB 444). I acknowledge that I am responsible for keeping track of the number of credit hours attempted and/or earned by my student in the Dual Enrollment program. If my student exceeds the maximum number of credit hours available for funding (30 credit hours), I agree to pay all tuition, mandatory fees, and book costs that are not covered by the Dual Enrollment funding program.

If my student is eligible for HOPE Grant or HOPE Career Grant funding, then I agree and authorize **Coastal Pines Technical College** to apply the HOPE Grant and/or HOPE Career Grant funds towards any credit hours not covered by the Dual Enrollment funding program.

If my student is ineligible for HOPE Grant, HOPE Career Grant funding, or Dual Enrollment Funding then I agree to pay out of pocket the tuition, mandatory fees, and book costs for any credit hours that are not covered by the Dual Enrollment and/or HOPE Grant/HOPE Career Grant Funding programs.

As the parent/guardian of the above named student, my signature on this waiver certifies that I have read, understood, and accepted the above information. I agree to hold harmless and expressly waive any legal claims that could otherwise be made against **Coastal Pines Technical College** or the Technical College System of Georgia with regard to any authorized actions taken by the technical college, or for any out-of-pocket payments made by me to enroll my student in Dual Enrollment courses.

PARENT/GUARDIAN

Parent/Guardian Name (PRINTED)

Date

Parent/Guardian Signature

Once this form has been completed, please submit to your Coastal Pines Technical College High School Coordinator or submit via email to dualenrollment@coastalpines.edu.